

COST ESTIMATE FORM*All rates are subject to 401 KAR 42:250 Contractor Cost Outline*

**KENTUCKY
DEPARTMENT
FOR
ENVIRONMENTAL
PROTECTION**

Mail completed form to:
**DIVISION OF WASTE MANAGEMENT
 UNDERGROUND STORAGE TANK BRANCH
 200 FAIR OAKS LANE, SECOND FLOOR
 FRANKFORT, KENTUCKY 40601
 (502) 564-5981
<http://waste.ky.gov/ust>**

FOR STATE USE ONLY**GENERAL INFORMATION**

Name of Applicant:

PSTEAF Application#:

Agency Interest #:

Date of Cost Estimate Request:

Total Estimate Cost:

PROFESSIONAL ENGINEER OR PROFESSIONAL GEOLOGIST CERTIFICATION OF COST ESTIMATE

I certify that the foregoing cost estimate requested amount is true and accurate, and is effective until _____. I understand that the Underground Storage Tank Branch may request additional information to verify that the costs are reasonable and necessary to the performance of corrective action.

Signature of PE/PG_____
Date**GENERAL REQUIREMENTS**

This request is for completion of the following Corrective Action activities and their expected costs per task directed in the scope of work for which there is not a formulated task rate. When determining the estimated costs, the following shall be used and submitted with the Cost Estimate Form DEP6090/03/11:

- a. The costs shall be calculated using the personnel and equipment rates established in the Contractor Cost Outline (August 2010) Section 3, and the Per Diem rates in Section 2.2;
- b. Include a cost itemization to complete the individual task if the task is being completed by the eligible company or partnership or a subcontractor;
- c. Include three (3) bids from suppliers or manufacturers of corrective action equipment for individual equipment purchases or rental, in excess of \$3,000.00, containing a description of the equipment to be purchased or rented provided by the supplier or manufacturer for new equipment purchased or rented.
- d. For materials to be used during corrective action, provide the estimate from the vender or subcontractor. If the work is to be performed by the vender a cost itemization associated with the work will also need to be provided.

ESTIMATED COSTS

Include a description of the task directed and the estimated costs (attach additional sheets if necessary). Attach to this form all required information as described in General Requirements.

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

BIDS

Three (3) bids shall be submitted for individual equipment to be purchased or rented, in excess of \$3,000.00. Include a description of the equipment to be purchased or rented provided by the supplier or manufacture for new equipment purchased or rented. The following shall be completed for each individual piece of equipment.

BID #1

Name of Manufacturer/Supplier		Bid Amount:	\$
Name of Contact Person:		Shipping, Install, Training & Start-up:	\$
Address:		Total Estimated Cost for Reimbursement:	\$
City/State/Zip Code:			
Telephone #:			

BID #2

Name of Manufacturer/Supplier		Bid Amount:	\$
Name of Contact Person:		Shipping, Install, Training & Start-up:	\$
Address:		Total Estimated Cost for Reimbursement:	\$
City/State/Zip Code:			
Telephone #:			

BID #3

Name of Manufacturer/Supplier		Bid Amount:	\$
Name of Contact Person:		Shipping, Install, Training & Start-up:	\$
Address:		Total Estimated Cost for Reimbursement:	\$
City/State/Zip Code:			
Telephone #:			

NOTE: Bids shall be obtained only from persons qualified and able to perform the work being bid. Bids shall not be obtained from persons with whom the applicant has a financial interest. The lowest viable bid shall be the basis for final reimbursement.